

PLAINTIFF

Christopher Coulter

COURT CASE NUMBER
2-08-cv-7 RL

DEFENDANT

Roy Dominguez, Sheriff

TYPE OF PROCESS

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Lake County Jail

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

2293 North Main St. - Crown Point, In. 46307

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Christopher Coulter
Lake County Jail #ZC-534
2293 North Main Street
Crown Point, In. 46307

Number of process to be served with this Form - 28

FILED

Number of parties to be served in this case

MAY 05 2008

Check for service on U.S.A.

At STEPHEN R. LUWIG, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Monday - Friday

8:30 AM - 4:30 PM

Signature of Attorney or other Originator requesting service on behalf of:

Christopher Coulter

PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

n/a

DATE

12/26/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

2

District of Origin

No. 27

District to Serve

No. 27

Signature of Authorized USMS Deputy or Clerk

Tony Joseph

Date

4/30/08

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am
5/1/08 pm

Signature of U.S. Marshal or Deputy

Tony Joseph

| | | | | | | |
|-------------------------------|---|----------------|---------------------------------|------------------|-----------------------------|------------------|
| Service Fee <i>\$18.00</i> | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges <i>\$18.00</i> | Advance Deposits | Amount owed to U.S. Marshal | Amount of Refund |
|-------------------------------|---|----------------|---------------------------------|------------------|-----------------------------|------------------|

REMARKS: CERT-1087 4/30/08

| | | | |
|--|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Received by (Please Print Clearly) B. Date of Delivery M TIPTON S-1-08</p> <p>C. Signature X</p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p>1. Article Addressed to:</p> <p>Lake County Jail ATTN: Roy Dominguez 2293 North Main Street Crown Point, IN 46307</p> <p>2:0RCV00007 RL</p> | | <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| <p>2. Article Number (Copy from service label)</p> | | <p>7006 0810 0004 5337 1087</p> | |

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

- Please type or print
Submit one company, corporation, or organization for such service.
U.S. Marshal may be

For service of an
of the writ and a
mit three (3) add
U.S. Marshal will
General of the U.S.
block by the U.S.
Attorney General

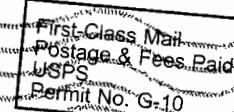
regardless of whether other defendants on the writ were served.) Failure to
provide any of the copies will delay service of the writ.

Complete all entries above the double line. Mark all applicable check boxes and use the "Special Instructions" to advise of any information that will assist the U.S. Marshal in expediting service.

If more than one writ and USM-285 is submitted on a single case, the U.S. Marshal will receipt for all of them on the first USM-285. You will receive for your records the last (No. 5) "Acknowledgment of Receipt" copy for all the USM-285 forms you submit. When the writ is served, you will receive the No. 3 Notice of Service copy. This copy will be identical to the return to the Clerk of the Court.

Upon completion of all services (if the Marshals fees were not requested or tendered in advance or if additional fees are to be charged), you will receive a "Billing Statement" (copy 4 of USM-285) from the U.S. Marshal. If the Billing Statement is not returned, by you, to the U.S. Marshal, together with your payment, it will be forwarded to the Clerk of the Court.

UNITED STATES POSTAL SERVICE

Addition
U.S. M

• Sender: Please print your name, address, and ZIP+4 in this box •

US Marshals Service
F-11003 Robt A Grant Fed Crths.
5 - S. Main St.
South Bend, IN 46601

CIVIL

2115